



# COUNTY WORKBOOK

## **INTRODUCTION**

Thank you for attending the Eliminate the Wait Central Texas Regional Forum.

The afternoon closed session is meant for county leadership and decision makers to assess their local competency restoration processes and identify processes for improvement and effective strategies that can be implemented.

This workbook will assist you in reviewing your local forensic data and planning for change. Your county has been assigned a facilitator to support you in working through each section in the workbook.

## **LOCAL COUNTY PLANNING OBJECTIVES**

### **1. Review waitlist list data**

Health and Human Services Commission (HHSC) has provided data to assist in reviewing your local data and discussing data points and trends.

### **2. Discuss the local competency restoration process**

Using the Competency Restoration Workflow Chart, review and identify points where new strategies or improvements can reduce the wait for inpatient competency restoration services.

### **3. Identify relevant strategies**

Based on the stakeholder trainings and the Eliminate the Wait Toolkit, identify strategies for implementation responsive to the points identified when reviewing the local competency restoration process.

### **4. Develop a local action plan to eliminate the wait**

Identify two to three priorities to improve the local competency restoration process and develop a local action plan.

## COUNTY FORENSIC WAITLIST DATA

### Discussion Questions

1. What percentage of people on your waitlist have misdemeanor charges? How does this compare to the statewide percentage? Refer to Commitment Type and Charge Type on the Forensic Waitlist Profile.

#### **Eliminate the Wait Check Point**

- Per Tex. Code Crim. Proc. Art. 16.23(a), are my officers aware that they must make a good-faith effort to divert a person (1) suffering a mental health crisis or (2) suffering from the effects of substance abuse to a proper treatment center in the agency's jurisdiction if:
    - there is an available and appropriate treatment center in the department's jurisdiction to which the agency may divert the person;
    - it is reasonable to divert the person;
    - the offense that the person is accused of is a misdemeanor, other than a misdemeanor involving violence; and
    - the mental health crisis or substance abuse is suspected to be the reason the person committed the alleged offense.
2. What are the average and median number of days a person is involved with the criminal justice system (incarcerated or on bond) from the time a person is arrested to the first time HHSC is notified by the court that an individual is being ordered for inpatient competency restoration? *During the timeframe from arrest to notification, HHSC is unaware that an individual is in jail and waiting for a competency examination and determination.* Refer to Wait Time: Arrest to State Hospital Notification on the Forensic Waitlist Profile.

#### **Eliminate the Wait Check Points**

- During negotiations and discussions with a defense attorney, is the prosecutor open to options other than a competency evaluation?
- Does the prosecutor consider whether the potential to adjudicate this case upon restoration is worth the potential personal and societal impact caused by subsequent incarceration in the jail pending the competency restoration process (i.e., loss of public benefits, break in mental health services received in the community, loss of housing, loss of connections to community supports, job loss, trauma, or displacement)?
- Can processes be improved to decrease the time between arrest and when HHSC is made aware that an individual is being ordered for competency restoration services?

3. What are the most common charges for people on the non-Maximum Security Unit waitlist? Refer to Most Common Charges on the Forensic Waitlist Profile.

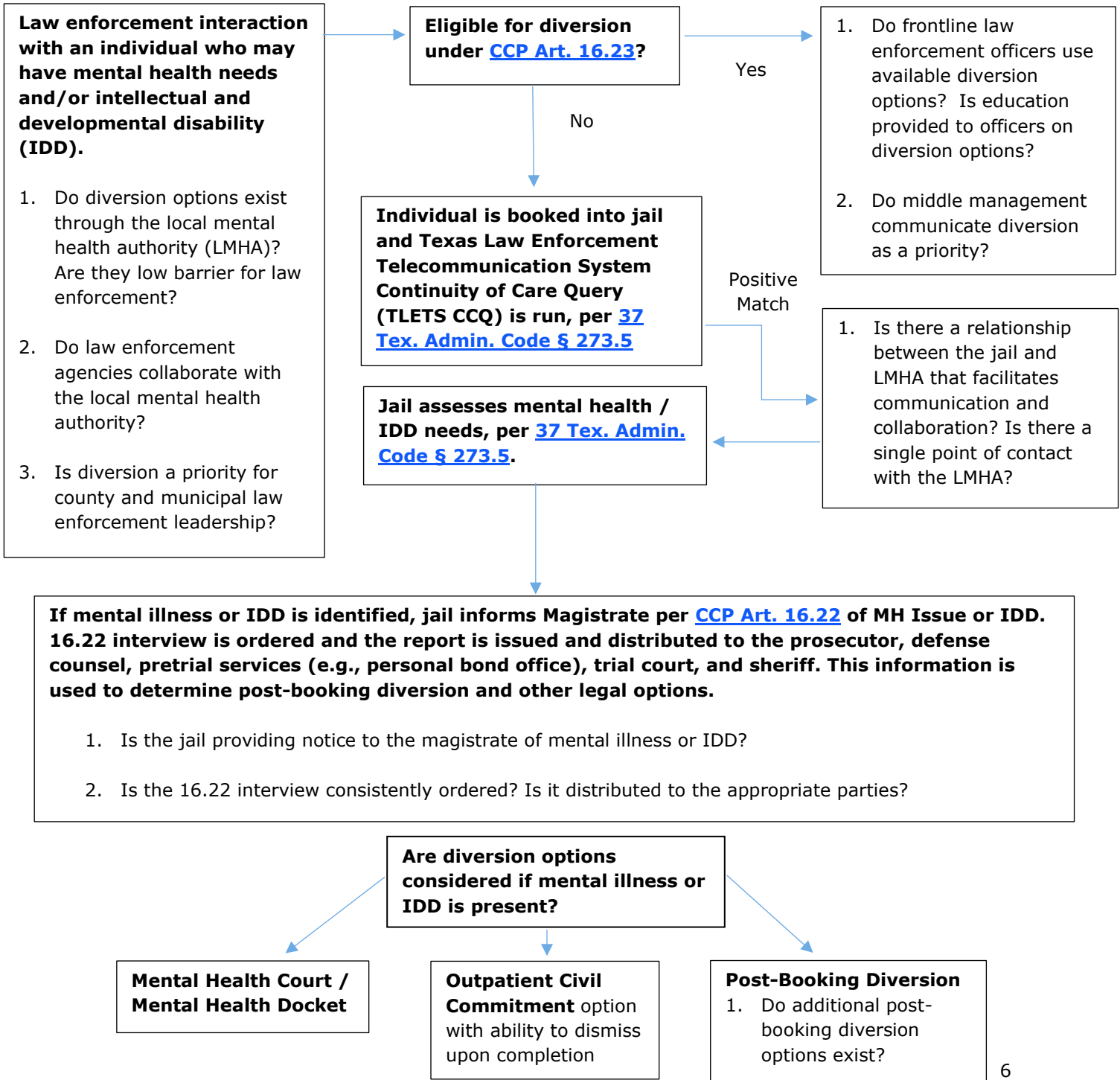
**Eliminate the Wait Check Point**

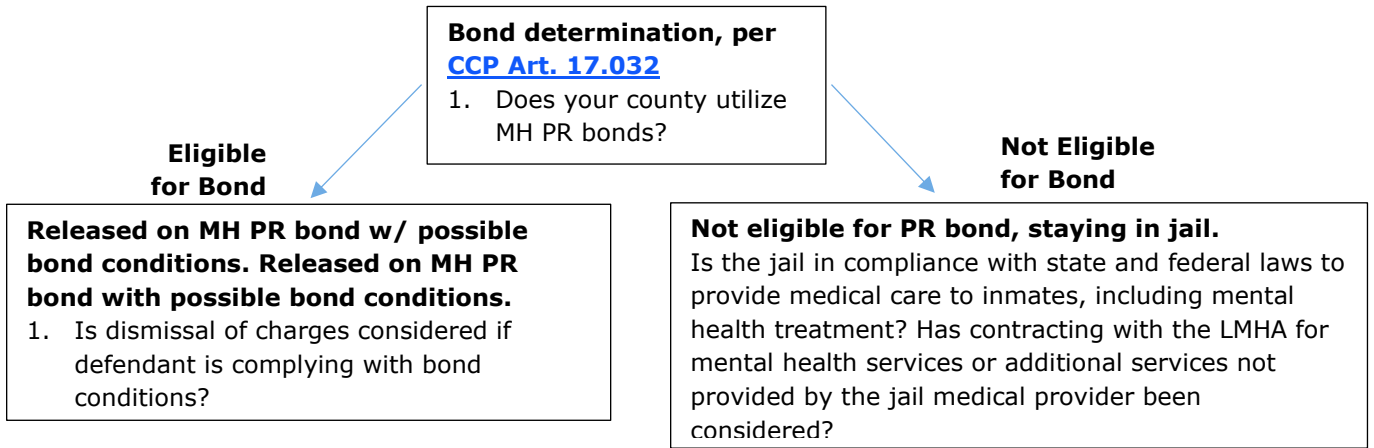
- Are any of the charges for non-violent misdemeanors or felonies appropriate for:
    - Diversion to mental health or substance use treatment in lieu of arrest?
    - Dismissal and transfer to civil/probate jurisdiction for court-ordered outpatient services?
    - Outpatient or jail-based competency restoration?
4. How does your county compare to like-size counties in number of people on the waitlist per capita? Refer to Like Size County Comparison: Per Capita Wait List.
  5. What demographic trends do you see for people who were on forensic commitments in the past five years in your county? How do they compare to the general population of Texas?
  6. What larger trends do you observe in these data?
  7. Which partners' decisions influence these data? Be sure to think about the role of each partner.
  8. Are there strategies that could be implemented that would reduce the wait for inpatient competency restoration?

Once you have reviewed your data, you will discuss your local competency restoration process.

# IMPROVEMENTS IN THE LOCAL COMPETENCY RESTORATION PROCESS

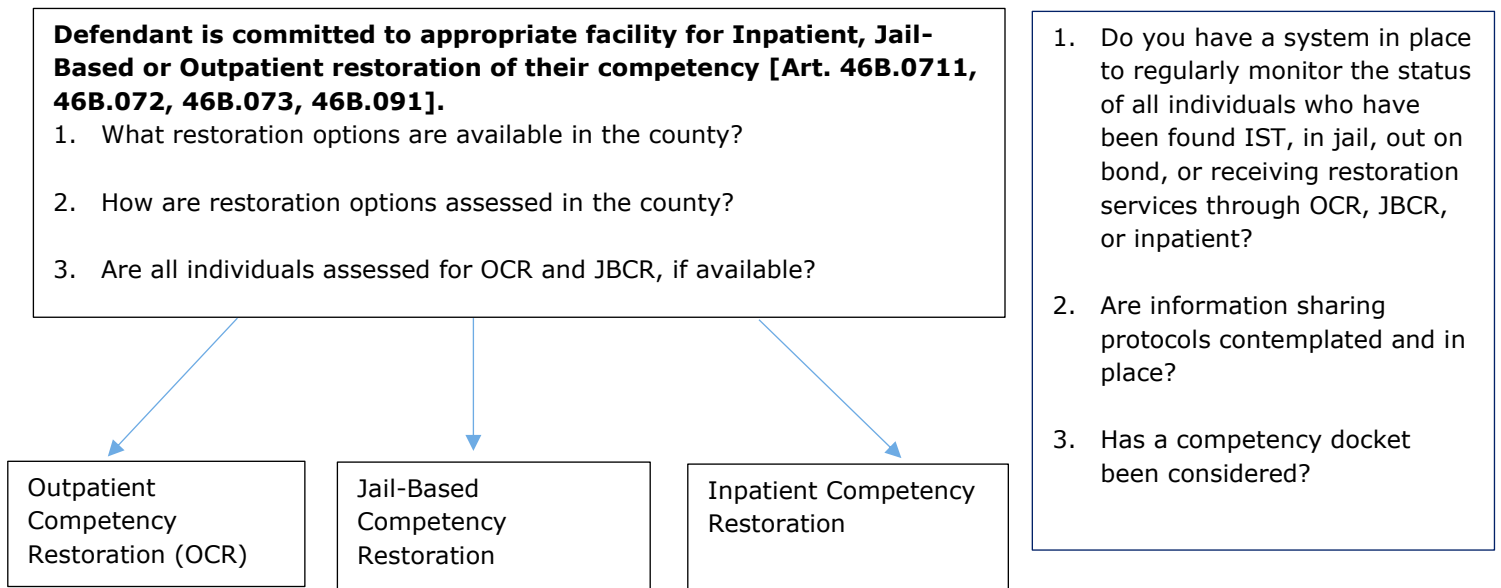
Review the following competency restoration process flow map and use the included questions to prompt discussion on strategies that could be implemented at each point in the competency restoration process. This may not reflect your county's exact process but can be used as a model for mapping.





### Competency Restoration Services

**Issue of competency can be raised at any point after charges have been filed. See Appendix B for simple Competency Flow Chart. Steps below apply to individuals who the court has determined are incompetent but likely to restore to competency in the foreseeable future (within timeframe allowed by Subchapter D).**



**Restored**

**Not Restored**

**Court proceeds with criminal case.**

1. Does the court set cases preferentially when an individual has been restored per CCP Art. 32A.01?
2. Does the jail have processes and procedures in place to continue medications when an individual is returned from a state hospital?

**Proceed under CCP Ch. 46B, Subchapter E: Criminal court conducts commitment hearing and charges remain pending.**

1. Does the county utilize CCP 46B.1055 to modify the inpatient order to an outpatient treatment program, if appropriate?
2. Does the court collaborate with the LMHA and state hospital to identify appropriate options for discharge once the recommendation for discharge has been made by a state hospital physician?

**Proceed under CCP Ch. 46B, Subchapter F: criminal court dismisses charges and if evidence of MI/IDD, transfers case to appropriate court for civil commitment.**

1. Is this option utilized in your county?
2. Does the criminal court coordinate transfer with the probate court?
3. Are reentry and transition services provided for continuity of care?

**Court discharges defendant and charges dismissed.**

1. Is this option utilized for individuals who may not be likely to restore and/or have a TBI or dementia with no co-occurring mental illness?
2. Are reentry and transition services provided for continuity of care?



## IDENTIFY STRATEGIES TO IMPLEMENT

After reviewing your data and local competency process, use the action plan template to solidify at least three strategies and action steps that can be taken to reduce the wait for inpatient competency restoration services in your county.

<b>Partners:</b>	
<b>Strategy 1:</b>	
<b>Goal:</b>	
<b>Action Steps</b>	<b>Responsible Entity</b>



